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June 21, 2001

Kimberly Topper
Center for Drug Evaluation Research
(AFD-21) Food & Drug Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Topper:

I'm a neurologist interested in the management of chronic pain. Most of the patients I see have pain of musculoskeletal origin. I prescribe opioids quite a lot.

I've had to learn a lot about addiction and diversion in prescribing these drugs.

From my point of view probably 90% of my patients are using the drugs as they should and I'm sure that many patients using OxyContin take it as prescribed and don't mash them up or anything. There's always the irreducible minority of those who abuse drugs and they seem to have plenty of ways to try to think of ways to get around all this. My preference is Methadone because it's cheap. As far as anyone knows it's not a drug of abuse either.

OxyContin is a very valuable drug. I still have patients on OxyContin who simply don't tolerate anything else. I also have patients who have abused OxyContin. Pain and chemical dependency are twin evils. There seems to be no way around that.

My experience with diversion and abuse has been frustrating. It's next to impossible to obtain information about these people. The pharmacists are very helpful. The county sheriff's departments and governmental agents are not. Methadone clinics are prevented by law for providing any information and identifying drug abuses and diversions as a haphazard manner.

I would that our state would follow the example of Kentucky and some others with some sort of central registry.

Doctors aren't trained to be detectives. What I can see happening is that a certain number of physicians in a given local will prescribe opioids for pain and most of the other physicians won't. It may be necessary to have some sort of identification system, perhaps a special license.

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Certified, American Board of Psychiatry and Neurology in Neurology
Additional Certifications: Electrodiagnostic Medicine and Pain, American Academy of Pain Management
American Board of Pain Medicine, American Board of Pain Management
Certified Independent Medical Examiner

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Likewise, some means has to be devised to pick up on the doctor shoppers, diverters, etc. Any high school student can tell the police who is dealing. It seems to be impossible to pass this information onto physicians prescribing opioid narcotics.

I'm very anxious to see how your deliberation ends. The use of opioids for non-malignant pain has been very successful and surprisingly safe. I'm in favor of anything that could be done to provide these drugs for those who have legitimate need and use them properly.

Respectfully,

A handwritten signature in black ink, appearing to read "R. Maier".

Rudolph J. Maier, M.D.

RJM/aal

c: Ms. Denise Nasholm
609 Westboro Drive, Raleigh 27612